Quality Assessment Framework Guide

Statement

The Quality Assessment Framework (QAF) tool was initially introduced in 2003 by the Communities and Local Government (CLG) setting out the expected standards in the delivery of the then Supporting People programme. (Since 2011 the Supporting People funding has been subsumed into the Formulae Grant meaning there is no separate allocation for expenditure on Supporting People). The QAF tool has proved so effective and without doubt has been one of the major successes of the Supporting People programme such that Bedford Borough Council (BBC) as an Administering Authority has continued to employ the tool.

To ensure that the tool is working suitably for both BBC and Providers of the Services with their support and assistance we have recently completely revised the QAF tool enabling completion by spreadsheet. Together we have produced a more streamlined and lighter volume of the QAF while maintaining the high standards of the framework with live evidence being provided. The original purpose of the QAF remains to drive up quality standards across the sector and to ensure we are meeting the needs and optimistic aspirations of the clients within our Services.

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1. Introduction

1.1 The Quality Assessment Framework (QAF) was introduced in 2003 and sets out the standards expected in the delivery of Supported Housing services. The QAF identifies methods of evidencing achievement and has been a successful practical tool for ensuring continuous improvement in services delivering housing-related support since its implementation.

1.2 Bedford Borough Council Supported Housing Team (SH) together with a working group have revised the QAF making it more streamlined and lighter volume while maintaining the high standards of the framework.

1.3 The QAF is made up of 5 main objectives

- C1.1 Assessment and Support Planning
- C1.2 Security, Health and Safety
- C1.3 Safeguarding and Protection from Abuse
- C1.4 Fair Access, Diversity and Inclusion
- C1.5 Client Involvement and Empowerment

1.4 The objectives have a breakdown of 5, 3 or 1 sections and each section has 3 levels of standards (A, B and/or C) that can be achieved.

2. Performance Levels

2.1 The QAF has suggestive examples of what services might have in place in order to meet either B or A standards but these are **not a prescriptive list,** as the aim is to encourage innovation and good practice. Level C, has a 'tick list' of what is expected in order to meet the minimum requirement.

2.2 Levels A and B represent services that are either striving for excellence or are providing excellent services and are therefore innovative in their approaches to delivering services.

2.2.1 **Level A** means excellence and is associated with providers striving to be leaders in their field.

2.2.2 In addition to meeting minimum standards and evidencing good practice, level A requires that the service:

- is flexible and responsive, and able to adapt the service to best meet clients' needs
- is a learning organisation that reflects on its work and uses this information to challenge its own performance
- effectively engages clients and staff in this shared learning
- engages in partnership working at a strategic level to better meet the needs of clients, the service/organisation and commissioners
- demonstrates the achievement of shared outcomes as a result of effective partnership working
- demonstrates vision, leadership and creativity that influences practice beyond the boundaries of the service

2.3 **Level B** means the service can evidence good practice.

2.3.1 In addition to meeting minimum standards, level B requires that the service:

- has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed
- has staff that are confident to take the initiative, and work effectively with other agencies
- has clients meaningfully engaged at a service level
- engages in partnership working at a service level to better meet the needs of clients and the service
- is working towards the achievement of shared outcomes at a service level
- challenges its own performance with internal auditing and the setting and monitoring of targets
- demonstrates a commitment to continuous improvement

2.4 **Level C** means that the service meets, and is able to evidence the required minimum standard but there is scope for improvement.

2.4.1 Level C requires that the service:

- complies with any statutory requirements
- has policies and procedures in place, and that these are followed
- has staff that understand and can explain the policies and procedures
- has clients who understand the nature of the service they are receiving
- engages in partnership working at a client level to better meet the needs of the individual
- is working towards the achievement of individual client outcomes
- demonstrates a commitment to continuous improvement

Please be aware that some individual contracts may require a higher level of performance than the minimum standards.

2.5 The minimum quality standard for services in receipt of SH funding is level C. A **failure to meet the minimum quality standard will trigger immediate action**; and will be required to meet legal, health and safety standards, statutory, etc. An action plan will be drawn with new monitoring frequency until improvements are achieved. If no improvement is made in the agreed period the contract may be terminated. Services that have achieved higher standard over the years are expected to maintain and make continuous improvement.

2.5.1 In the cases of objectives C1.1, C1.2 and C1.3 failure to meet performance level C represents a potential risk to the safety of clients. **Providers of these services must take immediate action to achieve at least level C.** Unless level C can be achieved in a very short timescale it may be necessary to consider temporary closure of the service.

3. Scoring

3.1 Providers should complete the scoring sheet with their assessment for each standard. The performance level for each main objective and an overall level for the QAF as a whole will be determined by the predominant level across the five objectives, according to the following rationale:

3.2 Failure to reach level C on any standard / objective	➔	Failure to reach minimum standards
3.3 Level C on a majority of standards / objectives and no failure to reach level C	➔	Performance Level C
3.4 Level B or above for a majority of standards /	➔	Performance Level B

objectives

3.5 Level A for the majority of standards/ objectives ➔ Performance Level A and no level Cs

3.6 This would mean three As and two Bs would result in an A overall. The presence of a C would bring you down to a B.

3.7 Some objectives no longer have all areas and/or Levels e.g. C1.1.3 has level A only, C1.1.5 level C only, C1.5 has C1.5.5 only; (*see QAF spreadsheet*). The scores previously achieved by a provider (where applicable) will still be assigned provided scores during the review is equal or above. Where significant improvements have been made the scores will be attributed as explained in the table above.

4. Frequency and Scope

4.1 BBC Supported Housing (SH) applies the QAF during a review of a service; this takes place within 3 years of the life of the contract. However, when there are reasons for concern some aspects of the QAF will be applied to contract monitoring e.g. visit, interview of clients, staff, etc.

4.2 Providers will use the QAF to self-assess their services funded by BBC SH. The completed self-assessments are to be sent to the designated SH Officer. Where additional objectives specific to a provider is required prior notification will be given and agreement made.

4.3 The assessment tables are intended for self-assessment by providers and may be used in two ways:

- to facilitate objective quality assessment of a service followed by validation by BBC SH
- as a tool to assist providers in the delivery of continuous improvement.

5. C1.1 Assessment and Support Planning

5.1 Consists of the following five standards:

5.1.1 The needs of applicants / clients and any inherent risks are assessed on a consistent and comprehensive basis prior to a service being offered, or very shortly afterwards as appropriate to the needs of the client group

5.1.2 All clients have individual outcomes-focussed support and risk management plans that address the needs and risks identified by the assessment process

5.1.3 Needs / risk assessments and support / risk management plans are reviewed regularly on a consistent and systematic basis

5.1.4 Needs and risk assessment, support planning and reviews involve clients and take full account of their views, preferences and aspirations

(In very short term stay services (e.g. a night shelter) it is likely that support plans will be brief and may address only immediate needs rather than longer term plans.)

5.1.5 Staff carrying out needs and risks assessments and negotiating support and risk management plans are competent to do so

5.2 **C1.1.1** standard includes the concept of "appropriate risk taking", which recognises that Supported Housing clients' independence may involve the taking of calculated risks to promote personal growth and empowerment. Procedures should not focus exclusively on eliminating and preventing risk, but managing risk creatively and constructively.

C1.1.1: The needs of applicants / clients and any inherent risks are assessed on a consistent and comprehensive basis prior to a service being offered, or very shortly afterwards as appropriate to the needs of the client group			
Score Level	**Essential requirement (C) or Indicative evidence (A/B)**	**Evidence Submitted**	**Met/Not Met**
Level A (examples of evidence)	The needs and risk assessment policy and procedures encourage appropriate risk taking and discourage risk avoidance as the key feature of support delivery.		
	Needs and risk assessments balance promotion of independence with effective risk management.		
	The service can demonstrate that changes have been made to improve service delivery as a result of policy and procedure review.		
	Policy and procedure review can show the impact of client and stakeholder involvement.		

5.2.1 For example;
A service may wish to support a person with a learning disability to undertake new tasks they have never tried before and may involve some risk, for example, going on public transport to a busy shopping centre.

In sheltered housing for older people, rather than banning the use of rugs, a service should think about less restrictive ways of reducing the risk of slips, trips and falls.

6. C1.2 Security, Health and Safety

6.1 Consists of the following three standards:

6.1.1 There is a health and safety policy which is less than three years old and is in accordance with current legislation.

6.1.2 The service has a co-ordinated approach to assessing and managing security and health and safety risks that potentially affect all clients, staff and the wider community.

6.1.3 There are appropriate arrangements to enable clients to access help in crisis or emergency.

6.2 **C1.2.2** standard makes reference to a "dynamic approach" to risk management and health and safety inspections to monitor risk.

C1.2.2 : The service has a co-ordinated approach to assessing and managing security, health and safety risks that potentially affect all clients, staff and the wider community.			
Level	**Essential requirement (C) or Indicative evidence (A/B)**	**Evidence Submitted**	**Met/Not Met**
C1.2.2 Level C (essential requirement)	A formal procedure exists for conducting risk assessments.		
	The procedure is documented and covers all potential risks (other than risks to *individual* clients) and appropriate information sharing mechanisms.		
	Risk assessments of the service and any premises within which the service is delivered, are conducted at service inception and with appropriate frequency thereafter, following an incident, and at least annually.		
	There are regular health and safety inspections to monitor risk.		
	There are records of the inspections, participants, key findings and action taken.		
	There is a lone working policy that sets out procedures to minimise the risks to people working alone and to clients.		
Level B (examples of evidence)	Clients are involved in risk assessments (*other than individual client risk assessments*), which record their participation.		
Level A (examples of evidence)	There is a dynamic approach to risk management and the service proactively looks to reduce risk, but is not risk averse.		

6.2.1 A dynamic approach to risk management is one which attempts to pre-empt hazards or incidents through an awareness of potential triggers or risk factors. It proactively responds to changing circumstances and/or environment rather than waiting for incidents to occur and then reacting and reviewing the risk assessment. This approach can apply to both individual client risk assessment and risk assessments of premises and service delivery mechanisms.

7. C1.3 Safeguarding and Protection from Abuse

7.1 Consists of the following five standards:

7.1.2 There are robust policies and procedures for safeguarding and protecting adults and children that are less than three years old and in accordance with current legislation.

7.1.3 Staff are aware of policies and procedures and their practice both safeguards clients and children and promotes understanding of abuse.

7.1.4 Staff are made aware of and understand their professional boundaries and their practice reflects this.

7.1.5 Clients understand what abuse is and know how to report concerns.

7.1.6 The service is committed to participating in a multi-agency approach to safeguarding vulnerable adults and children.

7.2 **C1.3.5** standard demonstrate a commitment to participating in a multi-agency approach to safeguarding vulnerable adults and children

C1.3.5 : The service is committed to participating in a multi-agency approach to safeguarding vulnerable adults and children			
Level	**Essential requirement (C) or Indicative evidence (A/B)**	**Evidence Submitted**	**Met/Not Met**
C1.3.5 Level C (essential requirement)	In services specifically working with children and young people there is a designated, appropriately trained and supported child protection lead.		
	In services specifically working with children and young people, there is an awareness of the Common Assessment Framework (CAF) and how this relates to, and is separate from, child protection.		
	The service works jointly with other appropriate agencies to promote the safeguarding of adults and children.		
	Where appropriate, the service engages with local MAPPA and MARAC arrangements.(See guidance)		
	The service engages in multi-agency working in response to specific cases of adult or child protection.		
Level B (examples of evidence)	The service engages in multi-agency working to promote safeguarding of vulnerable adults and children.		
	In services specifically working with children and young people, there is an understanding of the implementation of the Common Assessment Framework and the service's potential role within it.		
Level A (examples of evidence)	There are information sharing protocols in place and the service proactively engages with local safeguarding partnerships.		
	In services specifically working with children and young people, the service is actively engaged in the Common Assessment Framework.		

7.3 (The Common Assessment Framework (CAF) has been replaced with Multi-Agency Support Hub (MASH) in Bedfordshire. MASH is a multi-agency team which jointly locates key safeguarding agencies with a view to better identifying risks to children, improving decision-making, interventions, and outcomes.)

7.4 MAPPA (Multi-Agency Public Protection Arrangements) is a process for assessing and managing risks to the community posed by several categories of high-risk offenders, for example, Registered Sex Offenders, and is led by the Police, Probation and Prison Services. This information is then shared with other relevant agencies to promote community safety.

7.5 The requirement to engage in MAPPA applies wherever an individual client has been identified as a high-risk offender and the service is made aware of this; this does not just apply to services for ex-offenders or those at risk of offending.

Further information on MAPPA can be found at: www.noms.justice.gov.uk

7.6 MARAC (Multi-Agency Risk Assessment Conferencing) is a process for identifying victims of domestic abuse most at risk from violence in the future, based on a risk assessment conducted by police officers attending an incident of domestic abuse. This information is then shared with other relevant agencies to promote the safety of abuse victims and their children.

7.8 As with MAPPA, the requirement to engage in MARAC applies where an individual has been identified as being at risk and the service is made aware of this; this does not just apply to services for people escaping domestic abuse.

Further information on MARAC can be found at: www.caada.org.uk

8. C1.4 Fair Access, Diversity and Inclusion

8.1 Consists of the following three standards:

8.1.1 Fair access, fair exit, diversity and inclusion are embedded within the culture of the service and there is demonstrable promotion and implementation of the policies.

8.1.2 The assessment and allocations processes have been reviewed in the last three years and ensure fair access to the service via referral through our Contract Management Database - Capita

8.1.3 There is a commitment to ensuring fair exit from the service.

9. C1.5 Client Involvement and Empowerment

9.1 Consists of one standard:

9.1.1 There is a written complaints policy and procedure that has been reviewed in the last three years and is used as a tool for service development.

Appendix 1 – Glossary

BBC	Bedford Borough Council
CLG	Communities and Local Government
CRE	Commission for Racial Equality, part of the EHRC
DBS	Disclosure and Barring Service (*formerly CRB*)
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conferencing
MASH	Multi-Agency Safeguarding Hub
POCA	Protection of Children Act
QAF	Quality Assessment Framework
Short-term	A service with an intended stay of less than two years
SH	Supported Housing (*formerly Supporting People*)
SOVA	Safeguarding of Vulnerable Adults
Very short-term	A service with an intended stay of less than 28 days